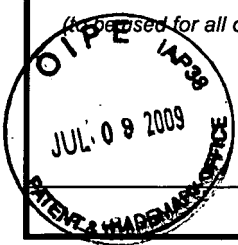


Jon

This Form Based on PTO/SB/21

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application Number	10/592,953 ✓
Filing Date	03/01/2007
First Named Inventor	Eiji NOGAMI
Group Art Unit	1619
Examiner Name	LEA, CHRISTOPHER RAYMOND
Attorney Docket Number	24-038-TN

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Form PTO-1449-PLG [listing 2 references and 2 U.S. Patent Office Communications]
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Copy each of 2 foreign references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	Copy of 2 U.S. Patent Office communication dated June 1, 2009 and June 23, 2009
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	July 9, 2009



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/8/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

☐ Applicant Claims small entity status. See 37 CFR 1.27**Complete if known**

Application Number	10/592,953
Filing Date	03/01/2007
First Named Inventor	Eiji NOGAMI
Examiner Name	LEA, CHRISTOPHER RAYMOND
Art Unit	1619
Attorney Docket No.	24-038-TN

TOTAL AMOUNT OF PAYMENT (\$)**180****METHOD OF PAYMENT (check all that apply)**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = 0	x	\$52
HP = highest number of total claims paid for, if greater than 20	=	\$0
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = 0	x	\$220
HP = highest number of independent claims paid for, if greater than 3	=	\$0

3. APPLICATION SIZE FEE


If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = 0	/ 50 =	(round up to a whole number)	x	\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **Information Disclosure Statement Fee pursuant to 37 CFR 1.17(p)** **\$180****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	DAVID G. POSZ	Date	July 9, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): NOGAMI

Serial No.: 10/592,953

Filed: 03/01/2007

Title: METHOD OF PRODUCING A
PHARMACEUTICAL
COMPOSITION



Atty. Dkt.: 24-038-TN

Group Art Unit: 1619

Examiner: LEA, CHRISTOPHER PAYMOND

Commissioner for Patents
Alexandria, VA 22314

Date: July 9, 2009

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.56, the reference(s) listed on the attached Form PTO-1449 is/are being brought to the attention of the Examiner without any admission that it/they constitute(s) statutory prior art, or without any admission that it/they contain(s) subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

Further, pursuant to 37 C.F.R. §1.97(e)(2), the undersigned hereby certifies that each listed reference was not cited in a communication from a foreign patent office in connection with a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in §1.56(c) more than three months prior to the filing of this statement.

The Examiner is requested to initial the attached PTO Form-1449 and return a copy of same to the undersigned attorney as proof that the listed reference(s) has/have been considered and made of record.

As a Final Office Action on the merits has been mailed in the above identified application on March 15, 2007, the fee due under 37 CFR 1.17(p) is enclosed. Please charge any additional fee to Applicant's attorney's Deposit Account No. 50-1147.

Respectfully submitted,

A handwritten signature in black ink, appearing to be "David G. Posz".

David G. Posz
Reg. No. 37,701

Posz Law Group, PLC
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Reston, VA 20191
(703) 707-9110
Customer No. 23400

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